

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13126</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Guy</u> <u>C</u> <u>Johnson</u>  P.O. Box, Bldg., Room No., if any  Street <u>521 S. Parish Place</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91506</u>	4. Name, file number, and address of labor organization. Name <u>Studio Utility Employees Local 724</u> Labor Organization File Number <u>001-353</u>  P.O. Box, Building and Room Number, if any  Street <u>6700 Melrose Avenue</u> City <u>Hollywood</u> State <u>California</u> ZIP Code + 4 <u>90038</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u>  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Guy C. Johnson

On

8-15-05  
Date

(323) 938-6277  
Telephone Number

Name of Person Filing Guy Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mike Quevedo Sr. Scholarship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 4399 Santa Anita Avenue

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Mike Quevedo Sr. Scholarship Fund provides scholarships to eligible dependents of members of the Southern California Laborers Unions that will be pursuing a post-secondary education program.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

8/23/04

Participated in a golf tournament at which Local 724 paid the entry fee.

12.b. Amount.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Guy Johnson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Calif. Ass'n of Labor Relations Officers

Trade Name, if any: CALRO

P.O. Box, Bldg., Room No., if any Suite 820

Street 6464 Sunset Boulevard

City Hollywood

State California ZIP Code + 4 90028

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

CALRO provides training seminars and other educational services to Labor Relations officers from all police and sheriff jurisdictions in the State of California.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

10/1/04

Participated in a golf tournament at which Local 724 paid the entry fee.

## 12.b. Amount.

\$100

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LAPD Labor Liaison Section

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 820

Street 6464 Sunset Boulevard

City Hollywood

State California ZIP Code + 4 90028

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Los Angeles Police Department Labor Liaison Section provides police services in the area of Labor Relations for both Unions and Management.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

11/5/04

Participated in a golf tournament at which Local 724 paid the entry fee.

## 12.b. Amount.

\$145